COMBINED DECLAR APPLICATION WITH	ATTORNEY'S DOCKET PU4722USw First Names Inventor:				
() Declaration submitted with initial	Kenneth INGOLD Complete if known: App No.:				
() Declaration submitted after initial	I filing (surcharge r	required 37CFR1.16(e))		Filing Date	
				Group Art Unit:	
As below named	d inventor. I here	eby declare that:			
My residence, post office	address and citiz	zenship are as stated bel	low next to my name.		
	I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:				
PROCESS FOR PREPARATION OF CHEMICAL COMPOUNDS the specification of which (check only one item below):					
[]is attached hereto. OR [x] was filed on 25 February 2003 as United States application Serial No. or PCT International					
Application Number PCT/US03/05723 filed and was amended on (MM/DD/YYYY)(if applicable)					
I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above.					
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR §1.56.					
I hereby claim foreign priority benefits under 35 U.S.C. §119 (a)-(d) or §365(b) of any foreign applications(s) for patent or inventor's certificate or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate or of any PCT international application having a filing date before that of the application on which priority is claimed:					
PRIOR FOREIGN AND ANY I					
Prior Foreign Application Number (s)	(Eountry	Foreign Filing Date (MM/DD/YYYY))	PRIORITY CLAIMED	
1. 60/360,432		US	02/28/2002	X	
2.					
3.					
4.					
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5. I hereby claim the benefit under T	itle 35 United St	rates Code 8110(a) of or	y United States provisional appli	cation(s) listed below:	
I hereby claim the benefit under T	itle 35, United St			ication(s) listed below:	
	itle 35, United St		ny United States provisional applie (MM/DD/YYYY)	ication(s) listed below:	

COMBINED DECLARATION FOR UTILITY or DESIGN PATENT APPLICATION WITH POWER OF ATTORNEY Continued

ATTORNEY'S DOCKET NUMBER
PU4722USW

I hereby claim the benefit under 35, U.S.C. §120 of any United States application or §365(c) of any PCT international application designating the United States of America that is listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. §1.56 which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application:

PRIOF	RU.S. PARENT	APPLICATIO	N or PCT PARENT A	PPLICATIO	N		
					STATUS (Check one)		
U.S.	Parent Application or Number	PCT Parent	Parent Filing D (MM/DD/YY)		PATENTED	PENDING	ABANDONED
POWE	R OF ATTORNEY	: As a named inv	ventor, I hereby appoint the	ne practitioners a	ssociated with the	Customer Numbers	provided below to
prosecut	te this application ar	nd to transact all b	ousiness in the Patent and				•
Custome	er Number 23347 ar	nd Customer Num	ber 20462				
Addres	s all corresponder	ice and telephon	ne calls to Customer N	umber 23347		Direct Telephone C	alls to:
	David J. Levy	•				n.t.	A II DDINIZ
	Corporate Intellect	tual Property					t H. BRINK -483-3323
GlaxoSmithKline Five Moore Drive, PO Box 13398				1	100 0020		
	Research Triangle		208				
I hereb			herein of my own kno	wledge are true	and that all stat	ements made on it	nformation and
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			iprisonment, or both, u				
			or any patent issuing the		1001, and mai s	sucii wiiiiui iaise s	statements may
Jeopard	inze the validity of	• •	or any patent issuing the				
	FULL NAME	FAMILY NAME		FIRST GIVEN NAM	E	SECOND GIVEN NAM	E/INITIAL
\mathcal{O}^2	OF INVENTOR	INGOLD		Kenneth			
	INVENTOR'S SIGNATURE	Signature				Date: 29 / 1	2004
0	RESIDENCE &	CITY C	The first	STATE OR FOREIGN	COUNTRY	COUNTRY OF CITIZE	NSHIP
	CITIZENSHIP	<u>Durham</u>		NC N	C.	US V	
	POST OFFICE	POST OFFICE ADDI		CITY		STATE & ZIP CODE/C	
1	ADDRESS	GlaxoSmithK		Research Tr	iangle Park	North Carolina	a 27709, US
			Prive, PO Box 13398			<u> </u>	
_	FULL NAME	FAMILY NAME		FIRST GIVEN NAM	E	SECOND GIVEN NAM	E/INITIAL
2	OF INVENTOR	LIU Signature		Bing		Date:	
	INVENTOR'S SIGNATURE	Signature				Date:	
0	RESIDENCE &	CITY		STATE OR FOREIGN	COUNTRY	COUNTRY OF CITIZE	NSHIP
	CITIZENSHIP	Durham		NC		CN	
	POST OFFICE	POST OFFICE ADDI		CITY		STATE & ZIP CODE/C	
2	ADDRESS	GlaxoSmith K		Research Tr	iangle Park	North Carolina	a 27709, US
	11955		Drive, PO Box 13398				
	FULL NAME	FAMILY NAME		FIRST GIVEN NAM	E	SECOND GIVEN NAM	E/INITIAL
2	OF INVENTOR	Signature				Date	
	INVENTOR'S SIGNATURE	Signature				Date	
0	RESIDENCE &	CITY		STATE OR FOREIG	ON COUNTRY	COUNTRY OF CITIZE	NSHIP
	CITIZENSHIP						
	POST OFFICE	POST OFFICE ADDI	RESS	CITY		STATE & ZIP CODE/C	OUNTRY
3	ADDRESS						
_	FULL NAME	FAMILY NAME		FIRST GIVEN NAM	E	SECOND GIVEN NAM	E/INITIAL
2	OF INVENTOR INVENTOR'S	Signature		L		Date:	.
	SIGNATURE						

STATE OR FOREIGN COUNTRY

CITY

COUNTRY OF CITIZENSHIP

STATE & ZIP CODE/COUNTRY

RESIDENCE & CITIZENSHIP

POST OFFICE

ADDRESS

POST OFFICE ADDRESS

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Rec'd PCT/PTO 23 AUG 2004

COMBINED DECLARATION FO APPLICATION WITH POWER (ATTORNEY'S DOCKET PU4722USw First Names Inventor:					
ATTECATION WITH TOWER	or minore and		Kenneth INGOLD			
() Declaration submitted with initial filing or	Complete if known: App No.:					
() Declaration submitted after initial filing (surcharge re	equired 37CFR1.16(e))		Filing Date			
		;	Group Art Unit:			
As below named inventor. I here	by declare that:					
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PRIOR FOREIGN AND ANY PRIORITY CLA			DDIODITY			
Prior Foreign Application Number (s)	Country	Foreign Filing Date (MM/DD/YYYY))	PRIORITY CLAIMED			
1. 60/360,432	US 02/28/2002		X			
2.						
3. 4.						
5.						
I hereby claim the benefit under Title 35, United St	ates Code §119(e) of any	United States provisional applic	cation(s) listed below:			
Application No.		(MM/DD/YYYY)				
1.						

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COMBINED DECLARATION FOR UTILITY or DESIGN PATENT APPLICATION WITH POWER OF ATTORNEY Continued

ATTORNEY'S DOCKET NUMBER
PU4722USW

I hereby claim the benefit under 35, U.S.C. §120 of any United States application or §365(c) of any PCT international application designating the United States of America that is listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. §1.56 which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application:

PRIOR U.S. PARENT APPLICATION of	r PCT PARENT APPLICAT	ION			
			STATUS (Check one)		
U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	PATENTED	PENDING	ABANDONED	
POWER OF ATTORNEY: As a named invent prosecute this application and to transact all busi Customer Number 23347 and Customer Number	ness in the Patent and Trademark	ers associated with the office connected therev	Customer Numbers with	provided below to	
Address all correspondence and telephone c	alls to Customer Number 233	347	Direct Telephone Ca	alls to:	
David J. Levy Corporate Intellectual Property GlaxoSmithKline Five Moore Drive, PO Box 13398 Research Triangle Park, NC 27709-3398			Robert H. BRINK 919-483-3323		

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	INGOLD	Kenneth	
	INVENTOR'S	Signature		Date:
	SIGNATURE			
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Durham	NC	US
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
1	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398	47	
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	LIU	Bing	
ry)	INVENTOR'S	Signature		Date:
	SIGNATURE	Signature		305104
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Durham	NC NC	CN
ļ.	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
2	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398		
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
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	INVENTOR'S	Signature		Date
	SIGNATURE			
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	CITIZENSHIP			
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
3	ADDRESS		<u> </u>	
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
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